



SOCIETY OF LICENSED NURSING HOME ADMINISTRATORS OF NEW JERSEY

Website: www.slnha.org

MEMBERSHIP REGISTRATION & RENEWAL FORM 2023

Check Membership Type:	Administrator	AIT	DON	Other
Full Name:				
Please list all States in which you hold a license (State / License #):			NAB #:	
Home Address:			Zip:	
City/State:			Home Phone #:	
E-Mail Address:			Cell #:	
Facility (or Name of Company):			Work Phone #:	
GET INVOLVED! Please check if you have an interest in joining either committee: Membership <input type="checkbox"/> Education <input type="checkbox"/> <small>(A check indicates you have an interest in joining only. You will be contacted and provided with more information allowing you to make your decision.)</small>				
Membership is recorded in the name of the administrator <u>not</u> the facility, regardless if the facility pays for the membership.				
Please mail completed form with your check for \$450 made payable to: "SLNHA of NJ" to: Jennifer Ferrara c/o Cheshire Home, Inc. 9 Ridgedale Avenue, Florham Park, NJ 07932 <i>973-966-1232 x 212 or slnhanewjersey@gmail.com</i>				
Meetings may be held virtually or in-person If in-person, meetings are at The Westwood, 438 North Avenue, Garwood, NJ 07027 908-789-0808 <i>usually on the third Thursday of each month</i>				
Sponsors may request contact information of program attendees. Please check and sign below if you <u>do not</u> want your contact information forwarded to sponsors.				
I DO NOT GIVE SLNHANJ permission to forward my professional or demographic information to sponsors. <input type="checkbox"/>				
Signature			Date	
ALL INFORMATION REGARDING MEETINGS WILL BE POSTED ON THE WEBSITE				
Refer a New Member and Receive a Discount				

